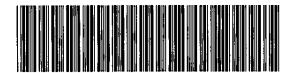
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Whitaker Brogoitti Group, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Brannen

Name of Person

Pennington, P.A.

Firm/Company

215 S Monroe Street, Suite 200

Address

Tallahassee, FL 32301

City/State and Zip Code

breck@penningtonlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Brannen

Name of Person

....850_. 222-3533

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Section 1 \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Whitaker Brogoitti Group, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000002574</u>	were filed on January 6, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	1669 Osprey Pointe Drive	
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FL 32308	
Enter new mailing address, if applicable:	1669 Osprey Pointe Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, FL 32308	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		ne name of the new
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	2014
	Enter Florida street address Florida	20 summ
	City	CZip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am faī rovided for in Chapter 605, F.S. Or, if	niliar With and this document is

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			5
			☐ Remove
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	 		Add
			□ Remove

fective date, if other than the date of filing:	(optional)
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	nan 90 days after
April 21 2014	
ited Transfer of the control of the	•
Signature of a member or authorized representative of a men	nber

Page 3 of 3

Filing Fee: \$25.00

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